

OUR EXPERIENCE OF THE ROLE OF NASOGASTROSCOPE IN UPPER GASTROINTESTINAL STENOSIS

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Introduction: It has been several decades since the first endoscope has appeared. The rigid gastroscope was first replaced by flexible, then even thinner and more modern types. Within this frame, we aim to present our own experience with the nasogastroscope, the thinnest tool currently available.

Methods: In our Gastroenterology Department, we have the opportunity to perform nasogastrosocopy since 2016. During 2017–2018, we have performed this procedure on 20 patients due to gastrointestinal obstruction. The procedural data of these patients were analyzed, and through 4 case reports we present the importance and the scope of potential in the usage of nasogastroscope in upper and lower gastrointestinal stenosis.

Results: 20 patients (17 male, 3 female, mean age: 58.2 years) were involved in our research. In 19 cases the examination was successful, but in one case the nasogastroscope did not reach the esophagus because of the neoplastic process of the larynx. Percutaneous endoscopic gastrostomy (PEG) was implanted three times with the help of nasogastroscope.

Conclusions: We can conclude that the nasogastroscope is a vital element of the endoscopy lab. In upper and lower gastrointestinal stenosis - when a conventional endoscope fails to get through the stenosis - this ultra-thin device can be used to examine the upper gastrointestinal tract safely, so we can get closer to making the diagnosis. Although the possibility of invasive interventions with this device is limited, our experience highlights that PEG implantation – which is impossible with a conventional instrument – can be safely performed with nasogastrosocopy.